MARYLAND STATE DEPARTMENT OF HEALTH

00295

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olivet
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) E. (Last) Hodson

4. DATE OF DEATH: (Month) Jan. (Day) 8 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Mar. 15, 1882

9. AGE last birthday: 67 yrs. If under 1 year: Months. 9 Days 23 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchman Shipyard

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Olivet - Calvert Co., Md

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: William A Hodson

14. MOTHER'S MAIDEN NAME: Laura Saunders

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 219-16-2452

17. INFORMANT AND ADDRESS: Sarah R. Hodson - Olivet, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis

Antecedent cause(s) 420.1 93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension c. c d 2

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 24, 19..., to Jan 8, 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at ...m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Jan. 10, 1950 — NAME OF CEMETERY OR CREMATORY: Olivet Cemetery — LOCATION (City, town, or county) (State): Lusby - Calvert Co., Md

DATE REC'D BY LOCAL REG. 1/10/50 — REGISTRAR'S SIGNATURE: H H Ward

24. FUNERAL DIRECTOR: A A. Harkness Son — ADDRESS: Mutual, Md.

6024V

RECEIVED
JAN 12 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00296

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Solomons
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Solomons
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) G. Dorsey (Last)
4. DATE OF DEATH (Month) 1 (Day) 23 (Year) 1950
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH 1/23/25
9. AGE last birthday 25 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Calvert County, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Thomas J. Dorsey
14. MOTHER'S MAIDEN NAME Helen E. MacDonell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) World War II
16. SOCIAL SECURITY NO. 578-26-4648
17. INFORMANT AND ADDRESS Veronica Dorsey - Solomons, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Electrocuted

914.0 Antecedent cause(s)

193 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Working on Radio aerial when pole touched the line

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Solomons (COUNTY) Calvert (STATE) Md
TIME OF INJURY (Month) 1 (Day) 23 (Year) 50 (Hour) 5 P m.
INJURY OCCURRED While at Work ☒ Not While At work ☐
HOW DID INJURY OCCUR? Aerial list power line

22. I hereby certify that I attended the deceased from ——, 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE H. U. Ward (Degree or title) D.M.Z. ADDRESS Owing Md DATE SIGNED 1/23/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Jan. 26, 1950
NAME OF CEMETERY OR CREMATORY Solomons Catholic Cem.
LOCATION (City, town, or county) Solomons, (State) Md

DATE REC'D BY LOCAL REG. 1-25-50
REGISTRAR'S SIGNATURE H. U. Ward
24. FUNERAL DIRECTOR A. A. Harkness & Son - Mutual, Md ADDRESS

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JAN 26 1950
BUREAU V. S.

00297

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Leonards
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Alexander (Middle) (Last) Gross
4. DATE OF DEATH (Month) 1 (Day) 8 (Year) 1950

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH ~~Aug 7~~ 1866 Unknown
9. AGE last birthday 83? yrs. If under 1 year Months Days If under Hours 24 hrs. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Calvert County Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Gross
14. MOTHER'S MAIDEN NAME Plina Gross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia x

Antecedent cause(s)

593x (b) Enlargement of prostate

131a (c) Nephritis – General sclerosis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on Jan 8, 1950, and that death occurred at 8 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) R. A. Villanueva ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 1-11-50
NAME OF CEMETERY OR CREMATORY Brook's Chapel
LOCATION (City, town, or county) (State) Mutual, Calvert, Md.

DATE REC'D BY LOCAL REG. 1-9-50
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR P. E. Sewell. Prince Frederick, Md. ADDRESS

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

000VV

RECEIVED
JAN 11 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00298

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lusby
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lusby
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Lillian (Middle) Gross (Last)

4. DATE OF DEATH (Month) 1 (Day) 2 (Year) 1956

5. SEX F

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W

8. DATE OF BIRTH about 1882

9. AGE last birthday 67? yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Md

12. CITIZEN OF WHAT COUNTRY? (X)

13. FATHER'S NAME John Gross

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT Arthur Gross

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Gunshot wound of abdomen ?

976x Antecedent cause(s)

164c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Found dead in bed when employer returned

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Lusby (COUNTY) Calvert (STATE) Md

TIME OF INJURY (Month) 1 (Day) 2 (Year) 50 (Hour) 2 P m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Self inflicted

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE H. W. Ward (Degree or title) O.M.E. ADDRESS Owing Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 1-4-50 NAME OF CEMETERY OR CREMATORY St Johns LOCATION (City, town, or county) Calvert (State) Md

DATE REC'D BY LOCAL REG. 1-3-49 REGISTRAR'S SIGNATURE H. W. Ward

24. FUNERAL DIRECTOR P. T. Sewell ADDRESS Prince Frederick, Md

52026

RECEIVED
JAN 4 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00299

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 57

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Calvert; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Plum Pt.; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Calvert; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Plum Pt.; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Major (Middle) Gross (Last)

4. DATE OF DEATH: (Month) 1 (Day) 23 (Year) 1950

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: 7 1872

9. AGE last birthday: 78 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Nelson Gross

14. MOTHER'S MAIDEN NAME: Margaret Hunt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Maggie Gross

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Broken neck

903.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 186a (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Walking in dark along road bank

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Farm (CITY OR TOWN) Plum Pt. (COUNTY) Calvert (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): ? m. INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Fell down road bank

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) H. H. Ward D.C. ADDRESS Owings Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF 1-25-50; NAME OF CEMETERY OR CREMATORY Plum Point; LOCATION (City, town, or county) Calvert (State) Md.

DATE REC'D BY LOCAL REG. 1-25-50; REGISTRAR'S SIGNATURE H. H. Ward,

24. FUNERAL DIRECTOR P. E. Sewell ADDRESS By. Frederick, Md.

866VV

VS. A15A

RECEIVED
JAN 26 1950
BUREAU V. S.

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

00360

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH — COUNTY: Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bowens — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bowens
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print) (First) Samuel (Middle) Biscoe (Last) Hammett

4. DATE OF DEATH (Month) Jan. (Day) 27, (Year) 1950

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: July 27, 1882
9. AGE last birthday: 67 yrs. — If under 1 year: Months 6, Days 0 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during ~~most of~~ working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Bowens - Calvert County Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel J. Hammett
14. MOTHER'S MAIDEN NAME: Rosa E. Bowen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): No
16. SOCIAL SECURITY No.: No
17. INFORMANT AND ADDRESS: Mattie Hammett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis

420.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertrophic x Hypertension c v d

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1949, to Jan 27, 1950, that I last saw the deceased alive on ....., 19....., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE: R de Villaneuve (Degree or title) — ADDRESS: St Leonard Md — DATE SIGNED: 1/28/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Jan. 29, 1950 — NAME OF CEMETERY OR CREMATORY: Central Cemetery — LOCATION (City, town, or county): Barstow, (State) Md

DATE REC'D BY LOCAL REG.: 1/28/50 — REGISTRAR'S SIGNATURE: H. W. Ward — 24. FUNERAL DIRECTOR: A. A. Harkness & Son — ADDRESS: Mutual, Md

000VV

RECEIVED
FEB 1 1950
BUREAU V. S.

M

Evidence for change of birth date shown on:

FILM No. G 124 FEB 6 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00301

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH- COUNTY Calvert MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick — LENGTH OF STAY (in this place) 1 Day	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Island Creek
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Elsie	(Middle) E.	(Last) Pardoe	4. DATE OF DEATH	(Month) Jan.	(Day) 23	(Year) 1950
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M	8. DATE OF BIRTH Feb. 19, 1864	9. AGE last birthday 65 yrs.	If under 1 year Months 11	Days 4	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) Calvert County, Md	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME Samuel Bowen	14. MOTHER'S MAIDEN NAME Mary Stinnett						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service)	16. SOCIAL SECURITY NO. —	17. INFORMANT AND ADDRESS Wm. C. Pardoe - Island Creek, Md					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Asthma

443x Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive C.V. Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/16, 1950, to 1/23, 1950, that I last saw the deceased alive on 1/23, 1950, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

SIGNATURE Roger Jett (Degree or title) ADDRESS Prince Frederick DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Jan. 26, 1950	NAME OF CEMETERY OR CREMATORY Water's Memorial	LOCATION (City, town, or county) Island Creek, (State) Md
DATE REC'D BY LOCAL REG. 1-25-50	REGISTRAR'S SIGNATURE H. W. Ward	24. FUNERAL DIRECTOR A. A. Harkness & Son - Mutual, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

RECEIVED
JAN 26 1950
BUREAU V. S.